



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

Notice to Tribal/RBHA Designee on Referred Application



Customer:	AHCCCS ID:	Customer #:
	Date:	
	Eligibility Specialist:	
	Phone:	
	Fax:	

This notice tells you about the action we took on the application you referred to the SSI-MAO Office for the above named customer.

The action taken on the referred application is explained below.

- ☐ Approved effective <date>.
- ☐ Transferred to DES for a decision because:
 - ☐ The customer is not disabled according to DDSA
 - ☐ The customer failed to provide necessary medical information
- ☐ Denied because: _____

- ☐ Discontinued effective <date> because:
 - ☐ Income exceeds the limit
 - ☐ The customer failed to provide necessary medical information
 - ☐ Other reason: _____
- ☐ Approved for AHCCCS health insurance through DES, and the DES local office will maintain the eligibility record.

If you have any questions, please contact the Eligibility Specialist at the phone number at the top of this notice.